

**Department of Tourism
Office of Tourism Standards and Regulation**



**SELF- ASSESSMENT CHECKLISTS
Surfing Camps**

NAME OF SURFING CAMP: _____

NAME OF SURFING CAMP MANAGER: _____

BUSINESS ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

OFFICIAL E-MAIL ADDRESS: _____

A. GENERAL REQUIREMENTS	YES	NO	REMARK/S
1. Is the location of surfing camp accessible or within proximity of ocean surf site or wave pool?			
2. Is the camp located away from the beach?			
If yes, is there available vehicles to transport students to the nearest surf spot?			
3. Is there a dedicated area to store surfboards?			
4. Does the camp have at least five (5) soft surfboards and five (5) hard surfboards?			
5. Are the surfboards in good quality and satisfactory condition for students' use?			
6. Is there a standard surfing lesson packages?			
7. Are the surfing lesson packages displayed conspicuously within the area?			
8. Does the surfing camp have the following:			
a. Refund policies;			
b. Complaints handling; and			
c. Response procedure?			

A. GENERAL REQUIREMENTS	YES	NO	REMARK/S
1. Does the camp have any of the following for emergency purposes:			
a. One (1) fully functional mobile phone;			
b. Two-way radio; and/or			
c. Other Communication equipment			
2. Does the camp have a standard first-aid kit and equipment plus splints and bandages for orthopaedic emergencies?			
3. Does the camp have its Emergency Response Procedure?			
4. Is the Emergency Response Procedure posted in a conspicuous place?			
5. Is the list of emergency phone numbers of nearest hospitals or clinics available?			
B. OPERATION GUIDELINES			
1. Does the camp have at least one (1) Certified Surfing Instructor?			
2. Does the Surfing Instructor handle one (1) to a maximum of two (2) students per lesson?			
3. Does the camp's Assistant Surfing Instructor or Receiver/Catcher conduct surfing lessons?			
C. ENVIRONMENTAL REQUIREMENTS	YES	NO	REMARK/S
1. Does the camp have trash bins segregated and labelled as "biodegradable", "non-biodegradable", "recyclable" or "reusable"?			
2. Does the camp have proper waste management process?			
3. Does the camp prohibits the single-use plastic?			

D. ADDITIONAL REQUIREMENTS FOR STAND-ALONE SURFING CAMPS	YES	NO	REMARK/S
1. Is the area of the camp at least 100 square feet (10 ft x10 ft)?			
2. Is the camp properly roofed and walled?			
3. Does the camp have at least one (1) toilet and bath cubicle?			
4. Does the camp have at least one (1) indoor and/or outdoor shower?			
5. Are the toilet and bath cubicle as well as the outdoor shower kept clean at all times?			
6. Does the camp have a secured locker to leave and store valuables?			
If No, is the camp manned or supervised during operating hours?			
E. ADDITIONAL REQUIREMENTS FOR SURFING CAMPS WITH WAVE POOLS	YES	NO	REMARK/S
1. Does the surfing area separate from swimming/non-surfing area?			
2. Does the camp have enough facility to accommodate a maximum of eight (8) students per surfing instructor?			
F. ADDITIONAL GUIDELINES FOR THE OPERATION OF SURFING CAMPS WITH WAVE POOLS	YES	NO	REMARK/S
1. Does the camp have at least one (1) Certified Surfing Instructor?			
2. Does the Surfing Instructor handle a maximum of eight (8) students per lesson?			
3. Does the camp have at least one (1) Assistant Surfing Instructor for every four (4) students per lesson?			
4. Is the pool water clean, regularly filtered, non-turbid and properly treated?			
5. Does the pool have damages?			
If yes, are the damaged pool parts removed and/ or repaired immediately?			
6. Does the wave pool machines undergo regular maintenance?			
7. Are the daily record of inspection and maintenance of the wave pool machine maintained/ updated?			

F. ADDITIONAL GUIDELINES FOR THE OPERATION OF SURFING CAMPS WITH WAVE POOLS	YES	NO	REMARK/S
8. Does the camp have a warning sound or public address system for the activation and deactivation of the wave pool machine?			
9. Does the camp have a "No entry for non-surfers" signage?			
10. Does the signage displayed within the wave pool surfing area?			
<p>This is to signify my intent to apply for DOT Accreditation.</p> <p>I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.</p> <p>_____</p> <p>SIGNATURE OVER PRINTED NAME OWNER/ GENERAL MANAGER</p> <p>_____</p> <p>DATE</p>			